



US Agency for International Development (USAID) / India

Initial Environmental Examination (IEE)

Reimagining Primary Health Care

Program/Project/Activity Data:

Activity/Project Title: Reimagining Primary Health Care		Solicitation #: TBD
Contract /Award Number (if known): Award No TBD		
Geographic Location: India		
Originating Bureau/Office: USAID/India, Health Office		
Supplemental IEE:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	DCN and date of Original document: N.A
Amendment:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	DCN and ECD link (s) of Amendment (s): N.A
Programmatic IEE:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amendment No: N.A
Funding Amount: \$13 Million	Life of Project Amount: \$13 Million	
Implementation Start/End: FY 2019/ FY 2024		
Prepared By: Dawn McCown		Date Prepared: April 9, 2019
Expiration Date (if any): N.A.		Reporting due dates (if any): N.A
Environmental Media and /or Human Health Potentially Impacted (check all that apply)		
None <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water <input type="checkbox"/> Land <input type="checkbox"/> Biodiversity <input type="checkbox"/> Human Health <input type="checkbox"/> Other <input type="checkbox"/>		
Recommended Threshold Determination:		<input type="checkbox"/> Deferral <input type="checkbox"/> Exemption <input type="checkbox"/> USG Domestic NEPA action
<input checked="" type="checkbox"/> Negative Determination <input checked="" type="checkbox"/> With Conditions		
<input type="checkbox"/> Categorical Exclusion		
<input type="checkbox"/> Positive Determination		
Climate Change		
<input type="checkbox"/> GCC/Adaptation <input type="checkbox"/> GCC/Mitigation <input checked="" type="checkbox"/> Climate Change Vulnerability Analysis (included)		
Adaptation/Mitigation Measures: Not Applicable		

SUMMARY OF FINDINGS

Pursuant to 22 CFR 216.2(a), an environmental analysis/evaluation and climate risk screening are required for new projects, programs or activities authorized by USAID. This Initial Environmental Examination (IEE) evaluates activities to be implemented by USAID/India's "Re-imagining Primary Care Platform" to leverage the Government of India's (GOI's) investments for strengthening comprehensive primary health care services in India as part of its universal healthcare initiative. This design will demonstrate innovative primary health care models to improve the demand and supply of quality comprehensive primary health care services in selected states in India. The primary focus of this activity is to support the Government of India to provide quality Maternal and Child Health (MCH), Family Planning (FP) and Tuberculosis (TB) services in rural India.

RECOMMENDED ACTION:

(i) Categorical Exclusion: Pursuant to 22 CFR 216.2(c)(3), the USAID/India's Health Office, the "originator" of the Re-Imagining Primary Care Platform activities, has determined that the core program activities which primarily involve the provision of technical assistance to improve maternal child health, family planning and tuberculosis services in rural areas in selected states in India, are environmentally neutral (see Table 1) and do not have an effect on the natural or physical environment, in accordance with the stipulation of 22 CFR 216.2(c)(1)(i)); and consist of types of interventions entirely within the categories listed in 216.2(c)(2). Therefore, the Health Office recommends that these activities be categorically excluded by falling under the following classes of actions:

- The action does not have an effect on the natural or physical environment {22 CFR 216.2(c)(1)(i)};
- Education, technical assistance, training programs, development of training material, workshops and meetings except to the extent such programs include activities directly affecting the environment {22 CFR 216.2(c)(2)(i)};
- Analyses, studies, academic or research workshops and meetings {22 CFR 216.2(c)(2)(iii)};
- Document and information transfer {22 CFR 216.2(c)(v)}.
- Studies, projects or programs intended to develop the capability of recipient countries and their institutions to engage in development planning, except to the extent designed to result in activities directly affecting the environment {22 CFR 216.2(c)(2)(xiv)};
- Programs involving nutrition, health care, tuberculosis, or population and family planning services, except to the extent designed to include activities directly affecting the environment (such as construction of facilities, water supply systems, waste water treatment, etc.) {22CFR216.2(c)(viii)}.

(ii) Negative Determination with Conditions (NDC): The Health Office has similarly determined, pursuant to 22CFR 216.3(a)(2), that one component is suitable for

Negative Determination with Conditions. This component involve support for service delivery, including in some instances sub-grants for demonstration model and pilots of potential health service delivery models. The activities under this component have the potential to generate medical waste, needles, syringes, gauze and other non-sharp items. The relevant implementing partner can avoid impact by following standard good practices. The proposed conditions are that the implementing partner would be required to:

- Assess the proposed program description for potential environmental risks using the Environmental Review and Assessment Checklist (ER Checklist) attached as Annexure 1.
- For those results that are categorized as NDC, the implementer(s) will develop an Environmental Mitigation and Monitoring Plans (EMMP) or will revise its existing EMMP, using guiding documents. For example, based on AOR &MEO/CIL approval, previous environmental manuals can be adapted and have EMMP. The new EMMP or revised EMMP will need to be in line with the Government of India's Ministry of Environment, Forest and Climate Change Bio-Medical Waste Guidelines, 2016¹ and WHO guidance on Safe management of wastes from health-care activities, 2nd Edition, 2014² and USAID guidance.³
- With respect to any proposed sub-grant, the implementer will review the sub-grant's potential environmental implications, particularly with respect to biomedical waste generation, and ensure adoption of good practices in handling, managing and disposing it by the sub-grantees.

(iii) The AOR and the Mission Environmental Officer (MEO)/Climate Integration Lead (CIL) will review and approve the ER Checklist and EMMP. If, after review of the EMMPs, a potential significant adverse environmental and/or social effects are confirmed, a Scoping Statement (SS) and Environmental Assessment (EA) shall be done by the implementer prior to start of the activity in accordance with 22 CFR 216. The EA process shall include the following steps: 1) The concept note together with SOW for Scoping shall be reviewed and approved by Asia Bureau Environmental Officer (BEO/Asia,) 2) public consultation with potentially affected people and key relevant stakeholders, 3) Scoping Statement with refined Project Description and SOW for EA shall be reviewed and approved by the BEO/Asia, 4) draft EA report is subject to public consultation with potentially affected people and key relevant stakeholders, 5) EA with an EMMP report is reviewed and approved by the BEO/Asia and duly national environmental authority. The IEE shall be amended to reflect on the scope of the EA report and EMMP.

(iv) Climate Risk Screening: The initial screening of the project against climate change effects indicate that the activities do not pose social or environmental risks that need to be further analyzed. None of the proposed project activities, which are mostly technical assistance and incubation and demonstration of new ideas to improve maternal child health,

¹ https://www.cpcb.nic.in/uploads/hwmd/Guidelines_healthcare_June_2018.pdf

² https://www.who.int/water_sanitation_health/publications/wastemanag/en/

³ USAID: Sector Environmental Guidelines: Healthcare Waste, partial update 2015:

http://www.usaidgems.org/Documents/SectorGuidelines/Healthcare%20Waste%20Guideline%20Final_w_GCC_Addition_May11.pdf

family planning and tuberculosis services will effect climate change and eco-systems and cause Greenhouse Gas emissions. However, understanding how climate change hazards affect the health of most vulnerable segments of the population where the project will implement its activities is critical. Pregnant women, young children, the rural poor, people living with chronic illness (diabetes, cardio-vascular illness) and/or tuberculosis will be disproportionately affected by climate change hazards. During work planning, the project will need to fine tune activities to mitigate the adverse effects of climate change on the most vulnerable segments of rural populations.

The link between health and climate change should be understood and managed by the implementing partner while undertaking the interventions. Climate change poses many risks to most vulnerable segments of rural population in India: children, women, rural poor and people with illnesses. India is very vulnerable to climate change because of high level of poverty, high population density, heavy reliance on natural resources and an environment already under stress.⁴

As per Indian Institute of Public Health Gandhinagar in 2011 “*Climate Change and Health Preparedness in India: Protecting local Communities in Ahmedabad, Gujarat from Extreme Heat*”⁵ the World Bank report: *Turn Down the Heat: Climate Extremes, Regional Impacts and the Case for Resilience-2013*⁶, and USAID Fact Sheet on India Climate Risk Profile⁷, temperatures are projected to increase by 1.2 to 2.5 degree celsius by 2050 with increased duration of heat waves, sea level is expected to rise by 100-400 mm, causing increased flooding, increased precipitation during the wet season by 2-17 percent and decreased precipitation during the dry season.

Major health effects due to the changing of climate can be categorized as follows:

Extreme weather related health effects: The risk of floods, severe monsoons, and more than usual heavy rains could affect the overall health of rural populations. For example, floods can affect the quality and supply of water and other hygiene and sanitation structures available in rural areas. Contaminated water and run-off from rural-based waste management systems (ie: latrines) would result in an increase of bacteria, parasites which would affect negatively maternal and child health. Children would be more at risk of diarrheal diseases and malnutrition; pregnant women may not have readily access to Wellness Health Centers and other primary health care points; children might not have access to timely vaccinations, and clients with tuberculosis might not have readily access to their treatment as flooding might result in cutting off roads. Malaria and other vector born diseases such as dengue fever and diarrheal infections are expected to spread to other areas where colder, drier weather had previously limited their transmission.

Extreme heat events are becoming more severe. Heat waves are especially hard on children, pregnant women, the elderly, farmers, the rural poor, and those already suffering from chronic illnesses, often resulting in more trips to the hospital. Extreme heat can cause severe health effects directly or indirectly including malnutrition, increase in diarrheal illnesses,

⁴ <http://documents.worldbank.org/curated/en/341851476782719063/pdf/109249-WP-IndiaCountrySnapshots-highres-PUBLIC.pdf>

⁵ <https://www.nrdc.org/sites/default/files/ahmedabad-resilience-toolkit.pdf>

⁶ <http://www.worldbank.org/en/topic/climatechange/publication/turn-down-the-heat>

⁷ <https://www.climatelinks.org/resources/climate-risk-profile-india>

dehydration, heat exhaustion and heat strokes.⁸ This increased disease burden will result in increased demand for health services and will continue to tax the urban health service delivery systems.⁹

Effect on food and water shortages:

Climate change is also expected to threaten the production, quality, and distribution of food in rural areas. High temperatures and low rainfall during the growing season affect the harvest yields. Many crop yields are predicted to decline in the face of changes in rainfall and extreme severe weather events. Reduced access to food impacts more vulnerable rural populations in many ways: decrease income from selling food production, increase rates of malnutrition as food availability is becoming scarcer and psycho-social impact.¹⁰

Psycho-social impacts on farmers, their families and other vulnerable rural

populations: Climate change impacts affect the social, economic, and environmental determinants of mental health. For example, extreme heat and drought are pushing farmers into poverty and possibly increasing the suicide rates.¹¹ Suicide rates have nearly doubled since 1980 and researchers claim that 7% for this trend can be attributed to warming that result in harvest failures.

Air pollution-related health effects: Air pollution is a serious problem in India. Recent reports estimate that one out of every eight deaths in India is caused by air pollution, a rise of almost 50% since 1990.¹² Over half of these 1.24 million deaths in 2017 were in persons younger than 70 years. Climate change and ambient air pollution are closely related. Ambient air pollution has been associated with increased risks of morbidity and mortality associated with respiratory diseases, including tuberculosis (TB), heart disease, strokes and cancer.

Climate change impacts may therefore ultimately have a direct or indirect bearing to the health of affected rural Indian communities. This makes it even more important for the stakeholders in the Re-Imagining Primary Health Care Activity to be at the forefront in understanding climate change impacts in order to better deal with real and potential challenges in improving the health of the rural poor. In order to address some of the predicted changes as well as those which are taking place in India, more emphasis is required on the following:

- Increased technical assistance at state, district levels to prepare for adverse climate change impacts, build capacity of state and district systems to assess climate risks and develop climate risks management plans.¹³ Improving the capacity of existing multi-sector committees at state, district and community levels to integrate climate-change mitigation measures in their plans

⁸ <https://www.climatecentral.org/news/extreme-heat-india-most-vulnerable-21672>

⁹ <https://toolkit.climate.gov/topics/human-health/extreme-heat>

¹⁰ *ibid*

¹¹ <https://news.berkeley.edu/2017/07/31/study-climate-change-already-causing-suicides-in-india-as-crops-fail/>

¹² India State-Level Disease Burden Initiative Air Pollution Collaborators. The impact of air pollution on deaths, disease burden, and life expectancy across the states of India: the Global Burden of Disease Study 2017. *Lancet Planetary Health*. 6 December 2018. [http://www.thelancet.com/journals/lanplh/article/PIIS2542-5196\(18\)30261-4/fulltext](http://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(18)30261-4/fulltext)

¹³ World Health Organization: Protecting Health from Climate Change: Vulnerability and Adaptation Assessment

- Strengthening health service delivery systems in rural settings, building capacity of Health Wellness Centers and community groups including Self Help Groups to address climate change hazards
- Educating people about climate-related diseases and how to prevent these diseases
- Building communities' capacity to plan, prepare and respond to extreme weather occurrences
- Increasing affordability of health services towards reaching universal health for all by linking to existing Government of India schemes

In case of project activities that are predicted to be affected by weather variability, change in precipitation patterns and water availability, the implementing partner shall conduct a climate risk screening and prepare or revise and adapt an existing EMMPs with proper follow-up actions to be reviewed and approved by Agreement Officer (AO) and MEO. The project will support policies and programs in the state, districts, rural health system, and in the communities to support the GoI's efforts to build climate change resilient responses at all levels.

The project-level Climate Risk Management Summary Table Template is attached in the Annex 2.

1. BACKGROUND AND ACTIVITY DESCRIPTION

1.1 Purpose and Scope of the IEE

The purpose of this IEE, in accordance with 22CFR216, is to provide the first review of the reasonably foreseeable effects on the environment, as well as recommended Threshold Decisions, under the Reimagining Primary Care Platform. This IEE provides a brief statement of the factual basis for a Threshold Decision as to whether an Environmental Assessment is required for this new activity.

1.2 Background

There is global evidence that comprehensive primary health care is essential to improving health outcomes in low- and middle-income countries. Primary health care reduces morbidity and mortality associated with MCH, FP, and TB and also reduces the need for secondary and tertiary care. USAID is building on its years of investments in ending preventable maternal and child deaths, improving family planning services and supporting the GoI's efforts to end tuberculosis by 2025. Other donors including the Bill and Melinda Gates Foundation and the Global Fund have also contributed to the GoI's efforts to improve family planning and tuberculosis services in rural areas.

In the National Health Policy 2017, the Government of India (GoI) committed to universal health care, a component of the Sustainable Development Goals that needs to be achieved by 2030. The GoI launched the Ayushman Bharat Program¹⁴ that provides universal comprehensive primary

¹⁴ <https://www.india.gov.in/spotlight/ayushman-bharat-national-health-protection-mission>

health care (CPHC) through health and wellness centers (HWCs) and the National Health Protection Mission that provides secondary and tertiary care for the poor. CPHC is about caring for people by empowering communities, having multi-sectoral policy and actions that assure health, and having a system of delivering primary care that includes essential public health functions as the core of an integrated health service. Primary health care in India has been suboptimal because of innate system barriers such as inadequate human resources; poor infrastructure; negligible engagement with communities for demand side planning; and implementation largely through vertical disease-based programs. USAID is thus supporting the roll out of CPHC in India.

USAID is planning to support the expansion of 32,292 sub-centers and primary health centers to HWCs across several states to be defined by the GoI, USAID and IP. It is expected that the Re-Imagining Primary Health Activity will support the GoI's efforts to provide comprehensive health care services for an estimated 143 million people.

1.3 Description of Activities

The project will provide technical and managerial assistance to the GOI across India to expand CPHC; facilitate the development of model CPHC sites; incubate innovations in CPHC integrating maternal child health, tuberculosis and family planning services; and build partnerships with the private sector and other stakeholders.

Illustrative Activities:

- 1) Technical Assistance provided at national level to roll out comprehensive primary health care. Evidence-based advocacy will be conducted to continue to mobilize resources for CPHC, to foster partnerships with the private sector, and to develop policies and guidelines to strengthen the integration and quality of MCH, FP, TB services with CPHC.
- 2) Technical assistance at state and district levels to operationalize CPHC. The technical assistance will include building the capacity of state and district level to identify state-specific health system problems and to formulate strategies to enable the system to deliver CPHC. TA will also be provided at state and district levels to foster greater private sector engagement.
- 3) Technical assistance to improve the quality of MCH, TB, and FP services at site level. TA will be provided to teaching institutions to strengthen the core competencies of CPHC work force. On site mentoring, digital-based teaching/mentoring are some of the activities the project will test.
- 4) Establishing at least 8 learning labs to test and incubate innovative solutions to improve the quality of MCH, FP, TB services provided at site level including Health Wellness Centers. The project will document and gather evidence generated from these learning labs. This evidence will inform the implementation of CPHC in other parts of the country.
- 5) TA to enhance community engagement and social behavior change communication. The project will pilot evidence-based models for community engagement resulting in empowered community that can participate actively in primary health care. To promote rapid adoption of preventive and promotive health behaviors, SBCC will be integrated at community and site level.

- 6) Facilitate strategic partnerships between the public and private sector through the establishment of platforms, alliances and “think tanks” for CPHC. These alliances with the private sector will facilitate market-driven solution and shared value to could contribute to improving CPHC.
- 7) Integrate technology to improve quality of services, improve rigorous data collection and address some of the key barriers to accessing CPHC. The project will integrate digital health to strengthen mentoring activities, and to improve data collection/analysis. The project will also establish local effective models for quality and CPCH through remote access such as teleconsultation, tele-radiology, tele-pathology, etc.

Intended Results:

The new project will support the MOHFW to expand comprehensive primary health care services in select states to ensure a timely, well-managed, and quality roll out. Additionally, the project will employ innovations and new technologies to demonstrate 1) community engagement models to increase demand for TB, MCH and FP services and behaviors and 2) quality assurance and improvement models for better delivered primary health care for TB, MCH and FP. It is expected that models that are successfully demonstrated will be scaled by the GOI. These efforts will lead to increased equity of and access to health care for India’s most marginalized populations, a decrease in out-of-pocket health spending, an increase in early health seeking in rural communities, improved patient satisfaction, strengthened patient-centered TB services to increase diagnosis and positive treatment outcomes, an increase in safe deliveries among high-risk pregnancies, improved management of acute respiratory infections and diarrhea by caregivers, and a reduction in unmet need for family planning. The intended results are as follow:

- Decreased maternal mortality
- Decreased neonatal, infant and under five mortality rates
- Decreased unmet needs for family planning
- Decreased incidence of TB
- Improved case detection and treatment adherence for TB.

Socio-economic analysis:

India is one of the fastest growing economies in the world. Over the past 15 years, its year-on-year gross domestic product (GDP) growth increased from 4% in 2002 to a peak of 9.6% in 2007 and in 2018 was at 7.1%. However, that same progress has not extended to the health care services offered through the country’s public health system, a fundamental aspect of ensuring equitable service delivery. According to the World Bank, India spends 4.7% of its GDP on health, including private sector spending, which is much lower than other “BRIC countries” (i.e., Brazil, Russia and China). India is ranked 154 out of 195 countries with regards to health care access, falling behind Bangladesh, Nepal, Ghana and Liberia¹⁵. Reasons for this low level of health care spending and poor access in India include: Low use of public primary health care

¹⁵ Health Care Access and Quality Index based on mortality from causes amenable to personal health care in 195 countries and territories, 1990–2015: a novel analysis from the Global Burden of Disease Study 2015. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)30818-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)30818-8/fulltext).

(PHC) services: Even though public PHC systems have been present in India since the 1970s, only 11.5% of rural households needing health care sought treatment at PHC facilities through the public sector. In contrast, 16.8% of rural households sought treatment directly at a public hospital, while the rest (71.7%) sought care at private facilities (50.7% at private doctor/clinic and 21% at a private hospital).

Government of India Policies

Health:

The current government health schemes, as they exist, are insufficient and only cover 19% of the rural poor. The GoI's National Health Policy 2017¹⁶ is committed to universal health coverage (UHC). The GoI launched the Ayushman Bharat Program to provide universal access to comprehensive primary health care (CPHC) through health and wellness centers (HWCs) and the National Health Protection Mission that provides secondary and tertiary care for the poor¹⁶. This effort is also aligned with the Sustainable Development Goals (SDGs), most notably SDG-3 (good health and wellbeing) and SDG-5 (gender equality). According to the World Health Organization (WHO), PHC is about caring for people by empowering communities through a multi-sectoral approach and having a system of delivering primary care that includes promotive, preventive and curative care as essential public health functions delivered through an integrated health service delivery system.¹⁷ In 2017, the GoI instituted a policy to establish a strong CPHC system. This includes: Expanding services from just reproductive, maternal, newborn, child and adolescent health (RMNCAH) and communicable disease to include a much wider range of services that takes into account client priorities and disease patterns, training and deploying additional Clinical Health Officers, and scale up Health Wellness Centers with fully operational diagnostic centers and pharmacies.

2. RECOMMENDED THRESHOLD DECISIONS AND MITIGATION ACTIONS

Recommended Action: Categorical Exclusion and Negative Determination with Conditions (Please refer to Summary Section)

All activities under the project consist of technical assistance, training, mentoring, monitoring and evaluation. The table below lists all the activities according to Reg. 216 requirements and recommends Threshold Decisions and environmental compliance actions.

S. No.	Components and illustrative activities	Effect on Natural or Physical environment or Climate Change	Threshold Decisions and Reg. 216 Actions Required
1	Technical Assistance provided at national level to roll out	None	Categorical

¹⁶ <https://www.abnhpm.gov.in>

¹⁷ [http://www.who.int/en/news-room/fact-sheets/detail/universal-health-coverage-\(uhc\)](http://www.who.int/en/news-room/fact-sheets/detail/universal-health-coverage-(uhc)) December 12, 2017

S. No.	Components and illustrative activities	Effect on Natural or Physical environment or Climate Change	Threshold Decisions and Reg. 216 Actions Required
	comprehensive primary health care: Policies, guidelines and how best to support implementation of the CPHC policies and guidelines		exclusion
2	Technical assistance at state and district levels to operationalize CPHC. The technical assistance will include building the capacity of state and district levels authorities to plan, manage implementation, monitor PCHC programs and mobilize resources.	None	Categorical exclusion
3	Technical assistance to improve the quality of MCH, TB, and FP services at site level: Training support with medical institutes, developing cadres of MOHFW to train health staff in quality MCH/FP/TB services.	Low: While carrying training, demonstrations, mentoring on site, waste generated during these activities such as drugs, syringes, gloves, condoms, needles, flacons, cotton swabs, forceps, pills, TB tests, TB medicine etc. can contribute to environments pollution. At site level, trained health care providers generate waste while providing services, both at facility and community levels (outreach programs). Hazardous medical products can pollute soil, water and also can harm humans	Negative Determination with Conditions: IP to develop or revise existing Environmental Monitoring and Mitigation Plan Integrate training of how to dispose safely medical waste base on GoI and WHO guidelines in planned capacity building activities
4	Document lessons learned from the "learning labs" which are hubs to incubate innovative solutions and promote collaborative of practice, learning agenda across districts, across states and national level	None	Categorical exclusion
5	Establish private/public partnerships and private/private partnerships to bolster private sector engagement	None	Categorical exclusion
6	Technical assistance to increase community engagement-working with civil society. Developing SBCC strategy and activities; developing tools for community to monitor quality of PCHC.	None	Categorical exclusion
7	Integrate technology to improve quality of services, improve	None	Categorical

S. No.	Components and illustrative activities	Effect on Natural or Physical environment or Climate Change	Threshold Decisions and Reg. 216 Actions Required
	rigorous data collection and address some of the key barriers to accessing CPHC.		exclusion

3. MITIGATION, MONITORING & EVALUATION:

The Agreement Officer (AO), with assistance from MEO/DME0 & CIL, will ensure that environmental conditions set forth in this IEE are met, per Climate Risk Management (CRM) for USAID Projects and Activities, (Climate Risk Management for USAID Projects and Activities: A Mandatory Reference for ADS Chapter 201_201mal_04617)¹⁸. In addition, the AOs will ensure that mitigation measures in the IEE are implemented and that adequate monitoring and evaluation protocols are in place to ensure implementation of mitigation measures.

The Development Objective (DO) Team will ensure that environmental compliance language from the IEE is translated into procurement documents and contracts according to USAID guidance, resources and support for climate risk management (CRM)¹⁹. As CRM is an iterative and adaptive process, where risks and risks ratings are re-evaluated as new information about the project implementation becomes available, the DO Team will engage with the implementing partner during annual work planning and quarterly reviews to provide guidance on how best to build cities, health systems and communities 'resiliency and preparedness for climate change and health. City scale up and selection will be completed in a phased manner. Climate change risk assessment and mitigation strategies will be reviewed and site-specific during detailed implementation plans.

The Mission Environmental Officer (MEO) together with the AO will review and approve environmental compliance documentation, conduct spot checks to ensure that those conditions in the IEE are met and provide guidance when required on climate risk management

3.2 Conditions and Implementer Procedures

- The implementing partners shall have adequate technical and financial capabilities to ensure that all activities conducted under this program comply with the conditions established in this IEE. The implementing partners will be encouraged to raise awareness of its staff and all involved during the implementation of the project on the need for climate risk analysis and its impact on cities, health systems, communities and families. Integrating climate risk analysis and building adaptive management to strengthen climate hazards response will be integrated in the project. The implementing partners will also ensure that their project or activities comply with this approved IEE. The implementing partner will notify USAID if activities are found to have unintended consequences or mitigation measures are ineffective. Activities that are not in compliance with approved environmental documentation will be modified or terminated.

¹⁸ https://www.usaid.gov/sites/default/files/documents/1868/201mal_042817.pdf

¹⁹ USAID: Climate Risk Screening and Management Tools. https://www.climate-links.org/resources/climate-risk-screening-management-tool?utm_source=GCCPNet&utm_campaign=GCCCRM&utm_content=CRM_Tools

3.3 Reporting requirements:

The Agreement(s) with the Implementer(s) shall include a requirement to follow all recommendations of this IEE. The Implementer(s) should train key staff, grantees, subcontractors, and beneficiaries on the agreement's environmental requirements and for ensuring their compliance with these requirements.

The Implementer(s) will have the following documentation and reporting requirements associated with the environmental compliance:

- On a quarterly basis, provide an environmental report, which identifies which, if any, activities have an environmental impact and what steps are being taken to mitigate environmental damage as a result of project activities.
- Final Report will have a section that will summarize program activities related to environmental compliance and will describe results, including information on any positive or negative environmental effects of program activities.

4. LIMITATIONS OF THE IEE:

This IEE does not cover activities involving:

- Assistance for the procurement, use or recommendation for use of pesticides or activities involving procurement, transport, use, storage, or disposal of toxic materials;
- Activities involving support to wood processing, agro-processing, industrial enterprises, and regulatory permitting;
- Assistance, procurement, or use of genetically modified organisms (GMOs);
- DCA programs;
- Procurement, or use of Asbestos, Lead, Arsenic, Mercury Containing Materials (ACM) (i.e. piping, roofing, etc.), PCB containing transformers, or other hazardous/toxic materials for construction projects; and
- Procurement, use and/or disposal of equipment containing and/or generating low radioactive materials and wastes.

None of these actions are envisioned. Any of these actions would require an amendment to the IEE and its approval by the BEO/OAPA.

5. REVISIONS

Pursuant to 22 CFR 216.3(a) (9), if new information becomes available which indicates that activities to be funded under the Reimagining Primary Health Care might be "major" and their effects "significant," this determination will be reviewed and revised by USAID/India and submitted to the Bureau Environmental Officer (BEO) for approval, and, if appropriate, an environmental assessment will be prepared in accordance with the procedures stipulated in 22 CFR 216. It is the responsibility of the AOR to timely inform the MEO and BEO of any changes in the scope and nature of the approved activities, which may warrant the revision of the approved Threshold Decisions. The Bureau Environmental Coordinator has authority to approve IEEs under 22 CFR 216.3(a) (2).

Annexure-1**Environmental Review and Assessment Checklist**

Environmental Screening Report: Activities screening results, and recommended determinations.

The Environmental Screening Report presents the environmental issues associated with the proposed activities. It documents mitigation and monitoring commitments. Its purpose is to allow the implementer and USAID to evaluate the likely environmental impacts of the project.

All the results will have to comply with the respective country's approved IEE requirements.

Sl. No.	Proposed results	Screening Result			Recommended Determinations (complete for all moderate/unknown and high-risk activities)		
		Very Low Risk	High Risk*	Moderate risk or unknown*	No significant adverse impact	With specified mitigation, no significant adverse impact	Significant adverse impact
1							
2							
3							
4							
5							

Annexure 2

Reimagining Primary Health Care CLIMATE RISK SCREENING

Pursuant to ADS Chapter 201 and Executive Order 13677, Missions must assess climate-related risks and vulnerabilities in all programs and address them as appropriate. As presented in the following Activity-Level Climate Risk Management Summary Table, HO has rated the possible climate risks associated with Reimagining Primary Health Care activity interventions as “low”. The Summary Table includes recommendations for how these climate risks will be addressed during implementation of Reimagining Primary Health Care, as well as opportunities for strengthening climate resilience.

Table 2. SPARC: Activity-Level Climate Risk Management Summary Table

Tasks/Defined or Illustrative Interventions	Climate Risks List key risks related to the defined/illustrative interventions identified in the screening and additional assessment.	Risk Rating Low/ Moderate/ High	How Risks are Addressed Describe how risks have been addressed in activity design and/or additional steps that will be taken in implementation. If you chose to accept the risk, briefly explain why.	Opportunities to Strengthen Climate Resilience Describe any opportunities to achieve multiple development objectives by integrating climate resilience or mitigation measures.
Component 1: Technical Assistance provided at national, state and district levels to roll out comprehensive primary health care per the GoI's policies and guidelines. <ul style="list-style-type: none"> Adapt policies and guidelines for CPHC to address local context and 	Change in weather could affect the demand for comprehensive health services. A) On the demand side Extreme weather events such as extreme heat events, unusually heavy monsoons, and floods can increase demand for health services: services for addressing water-	<i>low</i>	Support the Re-imagining Comprehensive Primary Health in actively engaging with on-going GoI's activities (national, state and district levels) to plan and prepare climate change hazards on health. Building climate change resilient communities,	Building “climate change” resiliency within the health system delivery: national, state, district and at community level is a key part of strategic health planning. The Re-Imaging Primary Health Care Activity is working within the GoI's health systems and is a

<p>priorities</p> <ul style="list-style-type: none"> • Operationalize HWCs and planning for CPHC at the state and national levels • Build capacity of state and district officials for CHPC • Facilitate the establishment of CPHC cell within state health missions 	<p>borne diseases including diarrhea, services to address heat strokes, cardio-vascular events. Thus due to the change of weather, demand for health services might increase.</p> <p>B) On the supply side</p> <p>Change in weather patterns (floods, dust storms) will result in greater unpredictability regarding the access and availability of primary health services. As such, there are increased risks that must be accounted for when the state, district level government representatives are planning for health delivery services.</p>		<p>districts and states per GoI's policies and guidelines.</p>	<p>TA program. The project will support the GoI to analyze and integrate measures to protect health services from the effects of climate change. GoI's policies will guide the activities including the National Action Plan on Climate Change and State level plans. MOHFW has drafted a National Action Plan for Climate Change and Human Health.</p>
<p>Component 2: building capacity of health staff at health facilities (health wellness centers) and in outreach services (ASHAS, ANMS, Angwandi Workers, Community Health officers) to provide comprehensive</p>	<p>Unexpectedly severe weather (extreme heat events, floods, dust storms) can quickly overwhelm the provision of comprehensive primary health services. Health Workers at facility level and outreach workers might see</p>	<p><i>Low</i></p>	<p>In conducting the Activity, the project will integrate capacity building activities for health staff at facilities and outreach to plan and address health hazards associated with extreme weather changes.</p>	<p>As USAID works to support a resilient health system in India and as there are already several documented case studies at state level about how India prepares for climate change and protects health, these case</p>

<p>health services</p> <ul style="list-style-type: none"> • Establish quality preservice training program for CHO in each state • Facilitate task optimization of CPHC providers (Medical Officers, CHOs, ANM and ASHAS) • Mentorship programs 	<p>increased cases of diarrheal diseases, malnutrition, TB, water borne diseases such as malaria or dengue fever, etc</p>			<p>studies, models will be integrated in the on-going health workforce capacity building activities.</p>
<p>Component 3:</p> <p>Establish an ecosystem for innovations and strong learning agenda for designing, incubating and testing innovative solutions to promote CPHC.</p> <ul style="list-style-type: none"> • Establish learning labs • Promote community engagement for client-centered care • Document and gather evidence on new models from the learning labs • Accelerate implementation of solutions 	<p>The strategy to drive new ideas, approaches, and innovations is based on the establishment of "learning labs/platforms". Severe weather events can effect the implementation of the new models tested, as severe weather events can increase demand for health services, decrease access for health services, and place an increased burden on the health service delivery systems both at facility and outreach services levels.</p>	<p><i>Low</i></p>	<p>The planning of testing of ideas, models, innovation will need to incorporate climate change planning and preparedness.</p>	<p>Testing these new models will involve concepts associated with promoting a climate resilient health sector-how to protect health from climate change hazards.</p>

to improve delivery efficiency and address client access to PHC				
<p>Component 4: Facilitate strategic partnerships with public and private sector</p> <ul style="list-style-type: none"> • Establish a national think tank for CPHC • Foster alliances between government and private sectors • Encourage enterprise-driven solutions • Establish platforms for dialogue • Capture learning from private sector engagement 	<p>While fostering alliances, private public partnerships to improve CPHC is not per-say affected by climate change, the planning of such alliances, partnerships can integrate activities to protect health including protecting health from climate change hazards.</p>	<i>Low</i>		<p>As described above, capacity building support at national, state, district and community levels will involve activities to protect health from climate hazards, to promote a climate resilient health sector. GoI, private sector and communities active engagement to “define” approaches, solutions to prepare and address climate change will be integrated in the program.</p>

Annexure 3

Responses on due diligence questions as per the guidance

Per ADS 204, as part of the due diligence investigation of a potential alliance partner, it is essential to investigate what is often called the “triple bottom line”, whether the prospective partner is socially responsible, environmentally accountable and financially sound. As such, the due diligence on Jhpiego for the IPP Re-imagining Primary Care, was conducted in accordance with the requirements of ADS 204.3.9(a). Brief summary of the due diligence is produced below:

A. Corporate Image

1. What is the company’s public image? Have there been any tensions between the community and the company? **NO. Jhpiego is a nonprofit global leader in the creation and delivery of transformative health care solutions that save lives. We are committed to building healthy families and resilient communities. We have worked for almost 50 years and in over 155 countries to bring lifesaving innovations to fruition and translate research into practice in the places where it is most needed. Our focus includes: maternal and child health, family planning and reproductive health, cervical cancer prevention and treatment, infectious diseases (HIV, malaria and TB), and health innovations. Jhpiego is able to bring health care solutions directly to women and their families because of the support of a variety of funders worldwide. These include corporate partners, ExxonMobil and GE Corporation; federally funded organizations, the United States Agency for International Development, Centers for Disease Control and Prevention, and the United States Department of Defense; international organizations, the World Health Organization; and private foundation partners, the Bill & Melinda Gates Foundation and the MacArthur Foundation. Jhpiego works in close collaboration with governments including the Ministry of Health and Family Welfare, local organisations, and private sector to implement projects.**
2. Has there been anything in the media that would reflect negatively upon the company? If so, how has the company dealt with significant negative publicity? **NO. There is not currently anything in the media that reflects negatively on Jhpiego. However, Jhpiego has a contingency plan for crisis communications and is ready to respond. Our Global External Communications Office will assemble a crisis team to manage a response and plan. This includes developing key messages to alert stakeholders and staff. Jhpiego believes it is vital to contact donors and appropriate partners quickly to identify next steps. All Jhpiego offices have access to the Global External Communication Office.**
3. Are there any pending lawsuits against the company? **NO**
4. Is the company looking solely for PR opportunities by aligning itself with USAID? **NO**
5. Is the company only or primarily looking for procurement opportunities or money from USAID? **NO**
6. Is the company willing to engage with USAID in a transparent manner without expecting an exclusive relationship (i.e., barring competitors)? **YES. Jhpiego works with multiple donors including USAID in a transparent manner and through competitive bidding processes.**
7. Is the company willing to accept limitations on the publicity (i.e., press and media coverage) of the alliance so as to ensure that USAID is not perceived to be endorsing the company or its

products and services? **YES.** Jhpiego has many USAID awards and abides by pre-defined marking and branding plans.

B. Social Responsibility

1. Is the company primarily involved in the manufacture or sale of firearms or narcotics, i.e., involvement in these activities constitutes a significant share of company's total portfolio? **NO**

2. Does the company have a good reputation (no serious red flag issue areas), especially in areas of corporate social responsibility (CSR)? In the case of new companies or companies with past CSR troubles, are they committed to instituting/improving a sound CSR policy? **As non-profit organization, Jhpiego does not have a CSR policy. However, Jhpiego has a longstanding commitment to working with the private sector to advance our organizational mission – in India and globally. Through past and current partnerships with major multinational firms, including Novo Nordisk, ExxonMobil, Chevron, Alcoa, General Electric, Merck, Sanofi, Roche, Medtronic, Boston Scientific, J&J, and many others, we offer a proven track record of developing strong private sector partnerships, and ensuring effective and compliant utilization of private sector resources invested in global health. Jhpiego's strong human resources, programmatic and financial management systems are seen as an asset by our private sector partners, who place a strong degree of emphasis on compliance and effective stewardship of resources.**

3. Does the company have policies barring harmful child labor or forced labor? **YES. Jhpiego has an anti-trafficking policy that includes prohibitions against all forms of forced labor and deceptive employment strategies. We also have a child safety policy that affirms our obligation to report known or suspected abuse of children. Jhpiego does not employ any staff below legal working age in the countries in which we operate.**

4. Does the company have a non-discrimination policy governing the hiring and promotion of minorities, women? **YES. Jhpiego has a non-discrimination policy that forbids discrimination in employment because of age, religion, tribe, race, color, gender, national origin, sexual orientation, disability, military status, marital status, family responsibility, station of life, political opinion, health (includes HIV/AIDS, pregnancy) socioeconomic status, or any other occupationally irrelevant criteria. Employment and promotion for any position are based on an individual's qualifications and merit.**

5. Is the company accepting of unions or attempts to organize a union? **YES. Jhpiego staff are not unionized, but Jhpiego does not restrict the formation of a union, and we comply with laws regarding the formation of unions in the countries in which we operate.**

6. Does the company have a health and safety action plan for workers, including the handling of hazardous materials and the prevention of environmental accidents? **YES. Jhpiego is an affiliate of Johns Hopkins University (JHU) and is subject to its policies. JHU's Joint Committee on Health, Safety, and Environment ensures compliance with federal and state guidelines in the areas of health, safety, and environmental affairs.**

7. Does the company have a policy for codes of conduct, labor standards? **YES. Jhpiego requires Compliance Training at all country offices and quarterly at headquarters in Baltimore. This training is a comprehensive overview of our ethical standards, our general code of conduct, conflict of interest, fraud among other topics. In addition, in all Country Office Employee Manuals is a section on**

Codes of Conduct that includes but is not limited to: General Code of Conduct, Confidentiality, Conflict of Interest, Anti-Nepotism Policy and Policy on Ethical Standards which includes Anti-Corruption.

C. Environmental Accountability

1. Does the company collect and evaluate adequate and timely information regarding the environmental, health, and safety impacts of their activities? **YES. Jhpiego reviews program activities, identifies any potential environmental impact (e.g., bio-medical waste disposal, the construction of new structures, pesticide use, etc.) and proposes remediation, including monitoring. Jhpiego ensures that health care providers follow required standards of waste management and infection prevention procedures while providing services both at the facility and community levels. Jhpiego enforces quality standards and national and international protocols regarding waste disposal. Jhpiego, through its programs, builds the capacity of health staff regarding safe medical waste according to WHO guidelines and the Government of India's guidelines.**

2. Does the company set targets for improved environmental performance, and regularly monitor progress toward environmental, health, and safety targets? **YES. Jhpiego in designing its programs considers the possible environmental impact, and per donors' procedures and guidance ensure that environmental mitigation strategies are integrated, for example ensuring that health staff capacity for safe disposal medical waste is integrated in capacity building activities within our health programs, or integrating activities to build the capacity of communities to strengthen and improve the community environment, all contributing to improved health outcome. All Jhpiego programs funded by the U. S. Agency for International Development (USAID) must comply with USAID's environmental requirements. (Regulation 216) . When designing and implementing programs, Jhpiego follows all donors and Governments' policies and laws regarding environmental impact. In addition, the JHU Safety Committee evaluates the status of hazardous materials, waste monitoring, environmental monitoring and incident reporting programs. The Committee provides quarterly reports on all activities in the areas of health, safety and environment to the governing bodies of JHU.**

3. Does the company assess, and address in decision-making, the foreseeable environmental, health, and safety-related impacts associated with the processes, goods and services of the enterprise over their full life cycle? **YES. Jhpiego reviews program activities, identifies any potential environmental impact (e.g., bio-medical waste disposal, the construction of new structures, pesticide use, etc.) and proposes remediation, including monitoring. Jhpiego ensures that health care providers follow required standards of waste management and infection prevention procedures while providing services both at the facility and community levels. Jhpiego enforces quality standards and national and international protocols regarding waste disposal.**

Does the company provide the public and employees with adequate and timely information on the potential environment, health and safety impacts of the activities of the enterprise? **YES. Materials to eliminate incidents which may adversely affect the safety and health of the employees is readily available to all staff.**

4. Does the company maintain contingency plans for preventing, mitigating, and controlling serious environmental and health damage from their operations, including accidents and emergencies; and mechanisms for immediate reporting to the competent authorities? **YES. The**

Department of Health, Safety and Environment conducts safety and environmental inspections and will report all unsafe conditions or non-compliance with regulations and standards, as well as procedures necessary to correct deficiencies. In addition, the Employee Safety and Security Incident Report must be created for all events or activities that have directly, indirectly, or have the potential to affect the safety and security of personnel and assets.

5. Does the company continually seek to improve corporate environmental performance, by encouraging, where appropriate, the adoption of technologies and operating procedures in all parts of the enterprise that reflect environmental best practices? **YES** Are its products or services designed to have no undue environmental impacts, be safe in their intended use, and be efficient in their consumption of energy and natural resources? Can they be reused, recycled, or disposed of safely? **YES. Jhpiego promotes recycling or otherwise disposed of properly at the end of its useful life for machinery (laptop computers, software, video projectors and projection screens; installation of internet connection and office supplies).**

6. Does the company have a green audit for environmental performance? **NO**

7. Is the company ISO certified? **NO**

8. Does the company have a natural habitats policy? A forestry issues policy? **NO**

9. Is the company free from regulatory lawsuits? **YES**

D. Financial Soundness

1. Is the company a publicly traded company? **NO. Jhpiego is not a publicly traded company.**

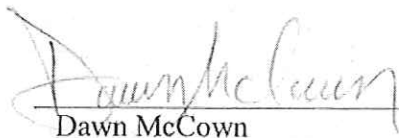
2. Does the company publish an annual report? **YES. Jhpiego's annual reports can be accessed here: <https://www.jhpiego.org/who-we-are/our-annual-reports/>**

3. Does the company have audited financial statements? **YES. Jhpiego conducts periodic internal compliance reviews of all projects to strengthen its financial and administrative systems, as well as annual external audits. Jhpiego, as an affiliate of JHU, is covered under JHU's A-133 audit. The JHU Board of Trustees has an Audit Committee. Its responsibilities include both internal and external audits for all components of the JHU including Jhpiego. On average, JHU Audit Committee meets between 3-4 times per year, often in conjunction with the meetings of the JHU Board of Trustees. The Minutes of the JHU Audit include statements of follow-up actions. There is evidence that all planned audit actions being followed-through. The JHU Office of Internal Audit is independent and reports to the JHU Board of Trustees through its Audit Committee. In addition, the JHU external audit service is independent and is provided by KPMG.**

4. Has the company been in business for several years? **YES. Jhpiego has been in business since 1974.**

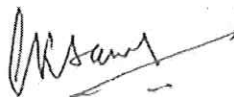
APPROVAL OF ENVIRONMENT ACTION RECOMMENDED**Clearances:**

Project Manager


 Dawn McCown

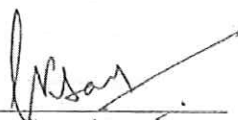
Date:

4/26/19

Deputy Mission Environmental
Officer

 Chandan Samal

Date:

Apr. 26, 2019

Mission Climate Integration
Lead

 Chandan Samal

Date

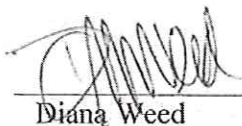
Apr 26, 2019

Regional Environmental
Adviser for CSA & OAPACleared by Email
Andrei Barannik

Date:


April 25, 2019

Resident Legal Officer


 Diana Weed

4/26/2019

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 Xerses Sidhwa

Date:

4/26/2019

Mission Director (A)


 Ramona M. EL Hamzaoui

Date:

4/29/19

Concurrence:Bureau Environmental
Officer/Asia :

 Will Gibson

Date:

May 15, 2019

Cc: project file, MEO tracking, OAA, RLO